CODING and RVU's: What Every Provider Needs to Know!

Outline

- Relative Value Units (RVU's)
- E&M Coding 101
- AHLTA Disposition Page
- Coding Procedures (CPT and HCPCS)
- Using the AHLTA Coding Calculator
- Other AHLTA Coding Nuggets
- Summary

Relative Value Units

- “Points” generated by providers taking care of patients
- Also known as “Productivity”
- Typical metric used is: RVUs/provider/day

Relative Value Units

- Why are they important?
  - Hospital and clinic funding is determined in part by RVU's
  - Example:
    - Clinic A averages 10 RVUs/Provider/Day with 3 providers
    - Clinic B averages 20 RVUs/Provider/Day with 2 providers.
    - It is possible that Clinic A would lose a provider to Clinic B since they don't appear to have enough workload

Relative Value Units

- RVUs are determined by 2 components:
  - Evaluation and Management Codes (E&M)
  - Procedures (CPT and HCPCS codes)

Coding Basics

- **Evaluation and Management Codes (aka E&M Codes)**
- Numerous Types
  - Depends on type of visit and setting
    - Outpatient Visit, Preventive Medicine Visit, Consult, Emergency Department visit, etc…
    - We will focus on Outpatient Visits and Preventive Medicine Visits

E&M Codes: The Basics of an Outpatient Visit

- A typical visit is made up of 3 parts:
  - 1) ***Patient History***
    - History of Present Illness (HPI)
    - Past Family Social History (PFSH)
    - Review of Systems (ROS)
  - 2) ***Physical Examination***
  - 3) ***Medical Decision Making***
    - Diagnosis/Management Risk
    - Complexity of Data
    - Problem Risk (Type of problem, Procedures needed, Management options)

Coding Basics

- The following apply to Outpatient Visit appointments only
  - Preventive Medicine appointments are coded differently and will be covered later
- Each portion of the visit (History, Physical and Decision Making) is graded separately.

Coding Basics

- 2 of 3 areas need to meet minimum criteria to generate total E&M code for an Established patient (3 of 3 for New patient)
- For example—the following gets a 99213 for an established patient, but would get a 99202 for a new patient
  - History = 99213/99203 level
  - Physical = 99213/99203 level
  - Decision Making = 99212/99202 level

Coding Basics: History

- Patient History (made up of 3 parts)
  - HPI (History of Present Illness)
  - PFSH (Past Medical/Surgical, Family, Social History)
  - ROS (Review of Systems)
  - Each of the above sections also gets graded separately and the lowest scored section determines the History score

Patient History

HPI

*1-3 elements (gets you a 99213, Brief HPI)

*4 or more elements (99215, Extended HPI)

PFSH

*1 elements (99214, Pertinent PFSH)

*2 or more elements (99215, Complete PFSH)

ROS

*ROS of pertinent system (99213, Problem Pertinent ROS)

*2-9 systems (99214, Extended ROS)

*10 or more systems (99215, Complete ROS)

Physical Exam

- 99212 – any number of systems, 1-5 bullets
- 99213 – any number of systems, 6 or more bullets
- 99214 –12 bullets in at least 2 systems
- 99215 – 18 bullets in at least 9 systems

- Bottom line for 99214
  - remember ***4-1-2*** for HPI/PFSH/ROS
  - ***12*** bullets for Exam
- Bottom line for 99213
  - ***1-0-1*** for HPI/PFSH/ROS
  - ***6*** bullets for Exam

Coding Basics—The Dry Stuff

- **99212** Requirements (1 HPI, 0 ROS, 0 PFSH), 1 PE Bullet
- **99213** Requirements (1 HPI, 1 ROS, 0 PFSH), 6 PE bullets
- **99214** Requirements (4 HPI, 2 ROS, 1 PFSH), 12 PE bullets
- **99215** Requirements (4 HPI, 10 ROS, 2 PFSH), 18 PE bullets in at least 9 body/system areas

Medical Decision Making

- 3 Separate Subareas (Score based on highest 2 of 3)
  - 1) Number and status (stable/worsening) of Diagnoses
  - 2) Complexity of Data
    - includes labs/xrays ordered
    - reviewing/summarizing old medical records
    - performing direct reading of xrays, EKG's or specimens (microscopy)
  - 3) Risk Level
    - Type of presenting problem (self limited vs. serious illness)
    - Procedures required
    - Treatment options (IV fluids, Prescription Meds, etc…)

Number/Status of Diagnoses

Problems to Exam Provider	# of Points
Self-limited Stable, improved or worsening	1
Est. Problem (to examiner) Stable/Improved	1
Est. Problem (to examiner) Worsening	2
New Problem (to examiner) NO additional workup planned	3
New Problem (to examiner) Additional workup planned	4

Need 3 for a 99214

Complexity of Data

Test/Lab/Review	# of Points
Diagnostic test ordered/reviewed Lab, X-Ray, EKG	1 Point Per Test Type
Obtain old records/discuss history with performing MD	1 Point
Review and Summarize old Medical Records	2 Points
Direct Reading of Imaging, Tracing, Specimen (this is where the MD will get credit for reading the chest X-ray themselves)	2 Points

Need 3 for 99214

Table of Risk

ANY ONE from highest levels

Level of Risk	Presenting Problem	Procedure Ordered	Management Options
Minimal 99212	Self-limited. **Cold, insect bite**	Lab, x-ray, EKG, Ultrasound, KOH	Rest, superficial dressings
Low 99213	Two/more self limited minor problems. HTN / Sprain	B/E, Superficial needle BX, Arterial puncture	***OTC drugs***, minor surgery, PT, OT, ***IV fluids w/o additives***
Moderate 99214	***Acute illness w/systemic SX. (e.g. Pneumonia, Influenza)***	Deep needle BX	***Prescription (RX) drug***, closed FX, ***IV fluids w/additives***
High 99215	Illness poses threat to life/limb. Acute MI, **exacerbation of COPD**	Endoscopies w/risk factor, Discography	Major surgery, Drug TX w/intense monitor for Toxicity

Medical Decision Making Matrix (2 of 3 satisfied)

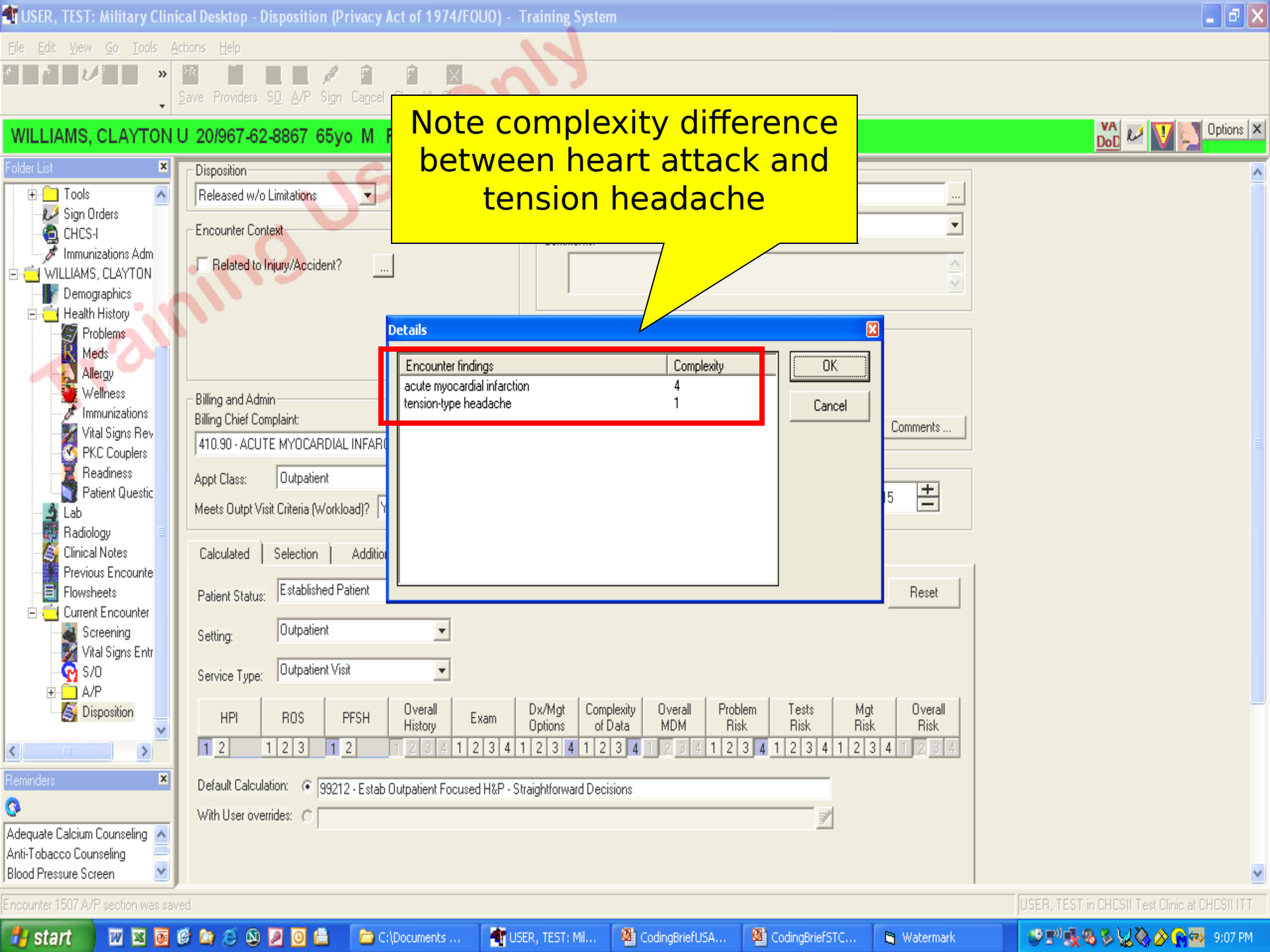
MDM Type	Straight Forward 99212	Low 99213	Moderate 99214	High 99215
#/stability of Diagnoses	0-1	2	3	4
Complex of Data	0-1	2	3	4
Table of Risk	Minor, Self Limited	OTC drug given	RX prescribed Acute Illness (systemic)	Acute Exacerbation/COPD

MDM Example

- Assessment/Plan
  - Community Acquired Pneumonia
    - CXR (wet read done)
    - Z-pack
  - Obesity (stable)
  - HTN (worsening)
    - Increased Atenolol
- For Number/Status of Dx
  - (3 for Pneumonia, 1 for obesity, 2 for HTN worsening = 6) = 99215
- For Complexity of Data
  - (3 for ordering and reading CXR = 3) = 99214
- For Table of Risk
  - (Moderate – for Zpack/Atenolol Rx) = 99214
- 2 of 3 Areas achieved 99214 level code so overall MDM score is 99214.

Medical Decision Making

- The AHLTA Coding Tool does not currently fully reflect coding rules we discussed earlier.
  - It will weigh certain diagnoses more heavily than others (MI gets more points than URI) and give you credit for multiple diagnoses
  - It does not capture medication orders (remember ordering a prescription RX should give you a 99214 for Problem Risk)
  - 838.20 does allow capture of tests reviewed, records summarized and case discussion with other provider (by selecting appropriate PMH bullets)
  - Further improvements will be present in Build 3.3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Encounter Context
Related to Injury/Accident?
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410.90 - ACUTE MYOCARDIAL INFARC
Appt Class: Outpatient
Meets Outpt Visit Criteria (Workload)?
Comments ...
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Setting: Outpatient
Service Type: Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions
With User overrides:
Details
Encounter findings
Complexity
acute myocardial infarction 4
tension-type headache 1
OK
Cancel
Note complexity difference between heart attack and tension headache
Encounter 1507 A/P section was saved.
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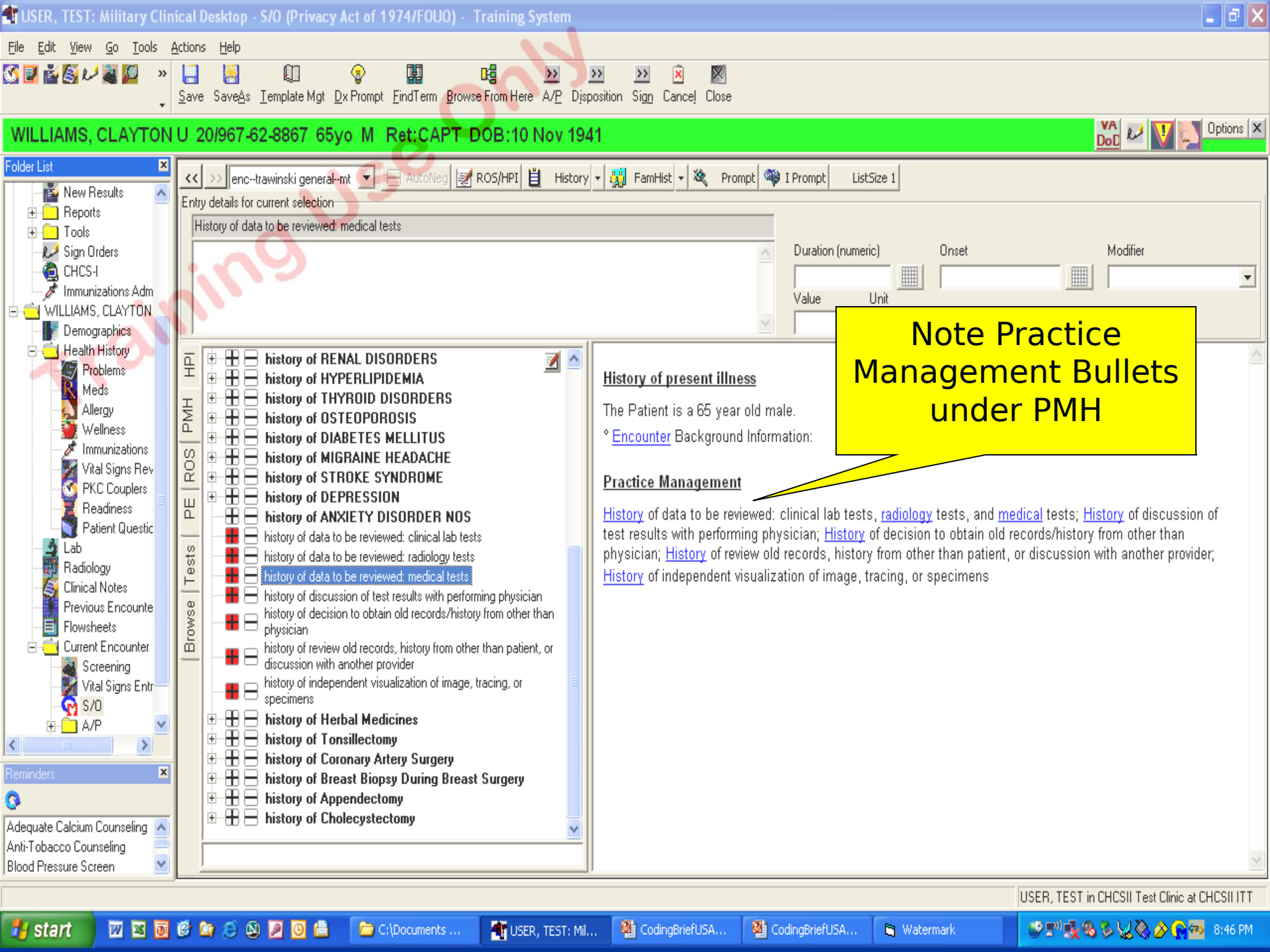

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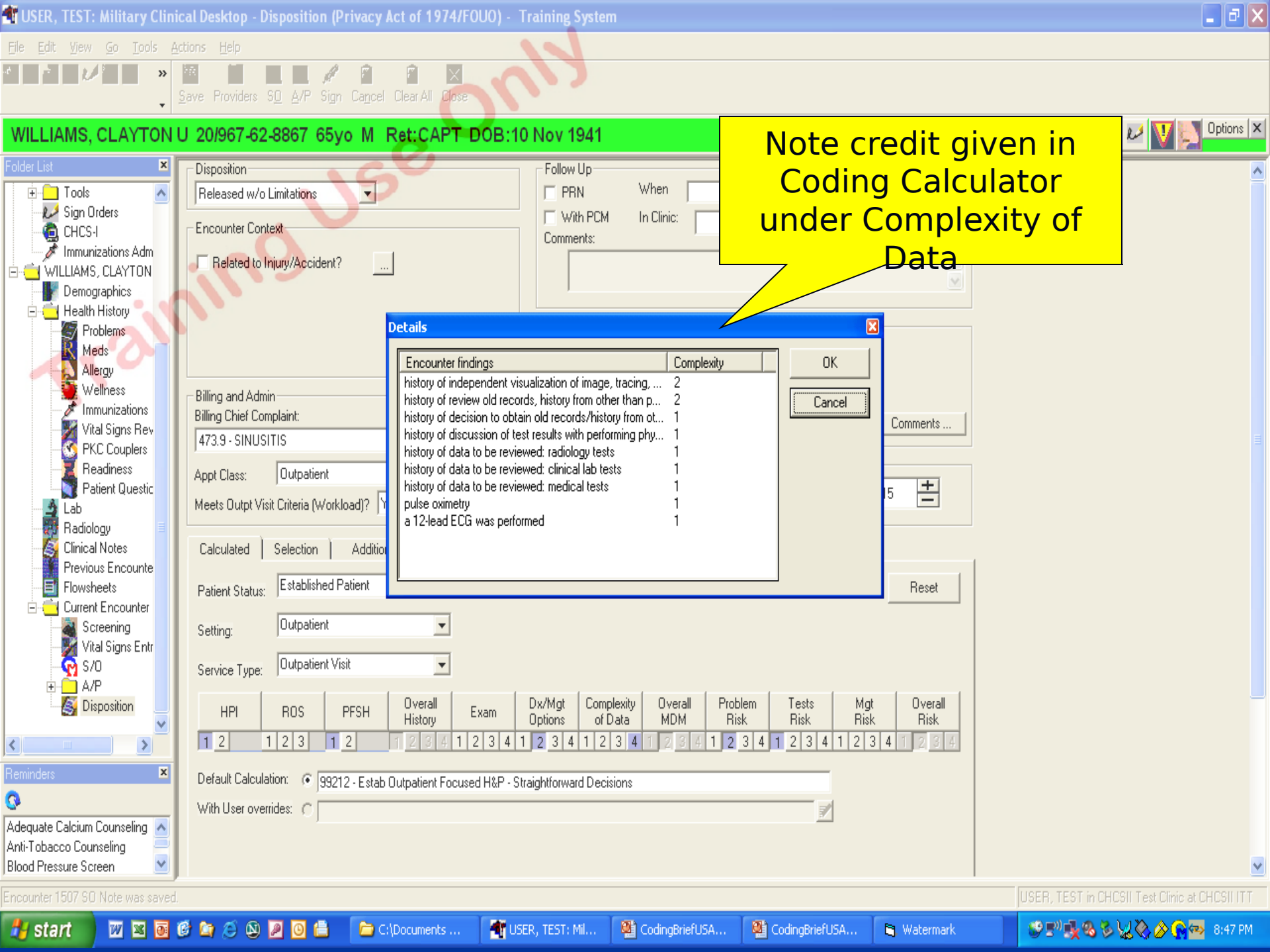
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Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Follow Up
PRN
When
With PCM
In Clinic:
Comments:
Billing and Admin
Billing Chief Complaint:
473.9 - SINUSITIS
Appt Class:
Outpatient
Meets Outpt Visit Criteria (Workload)?
Comments ...
Calculated
Selection
Patient Status:
Established Patient
Reset
Setting:
Outpatient
Service Type:
Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99212 - Estab Outpatient Focused H&P - Straightforward Decisions
With User overrides:
Details
Encounter findings
Complexity
history of independent visualization of image, tracing, ... 2
history of review old records, history from other than p... 2
history of decision to obtain old records/history from ot... 1
history of discussion of test results with performing phy... 1
history of data to be reviewed: radiology tests 1
history of data to be reviewed: clinical lab tests 1
history of data to be reviewed: medical tests 1
pulse oximetry 1
a 12-lead ECG was performed 1
OK
Cancel
Note credit given in Coding Calculator under Complexity of Data
Training Use Only
Encounter 1507 SO Note was saved.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
start
C:\Documents ...
USER, TEST: Mil...
CodingBriefUSA...
CodingBriefUSA...
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Coding Basics

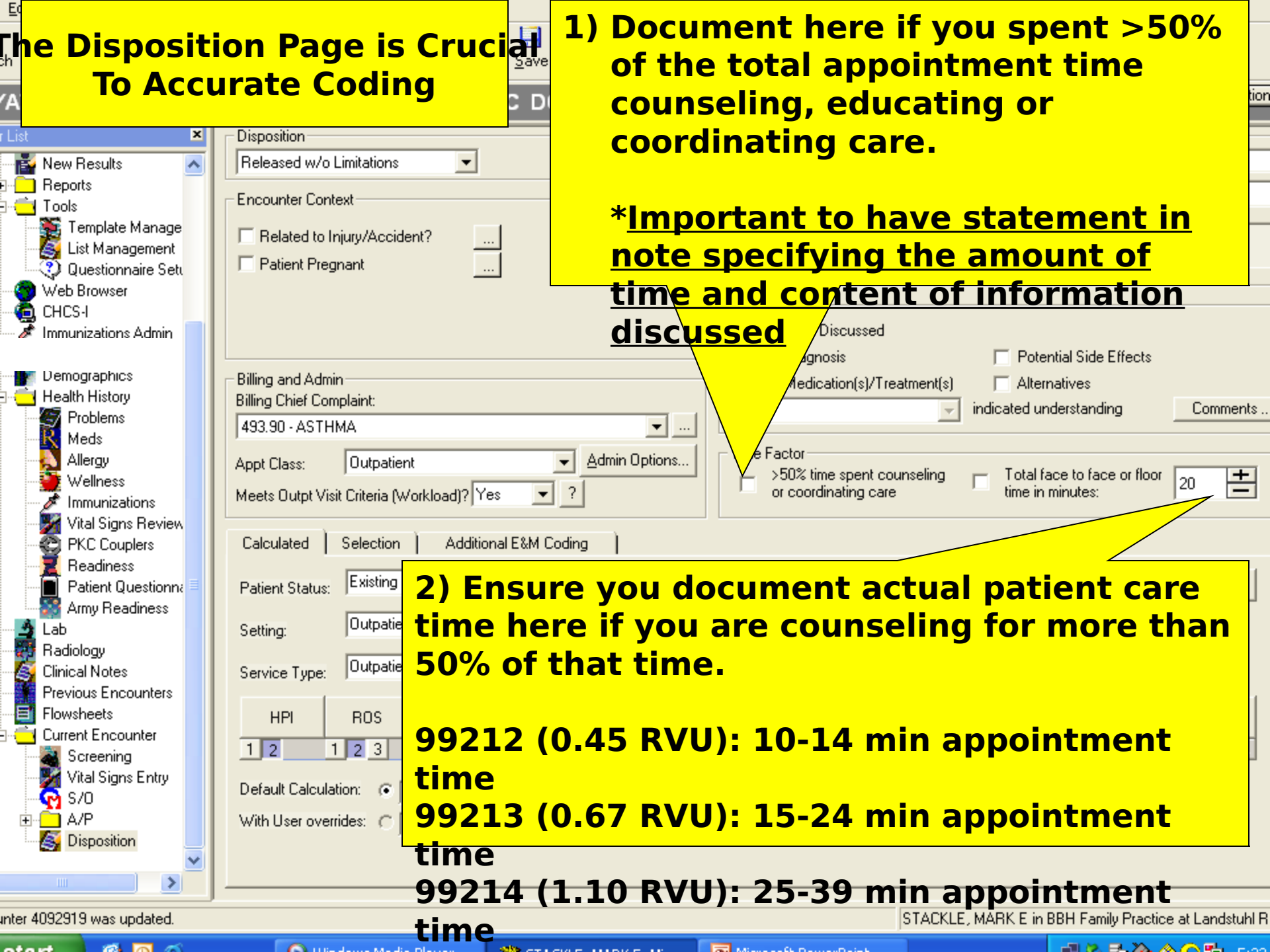
- Time Based Coding
  - If greater than 50% of time spent Counseling or Coordinating Care
  - No HPI/ROS/PFSH/Physical Exam bullets needed
  - Requires documentation of specific amount of time and content discussed (e.g. 15 minutes spent discussing risks of smoking as well as risks/benefits of therapy options for tobacco cessation)
    - This documentation may be placed anywhere in note

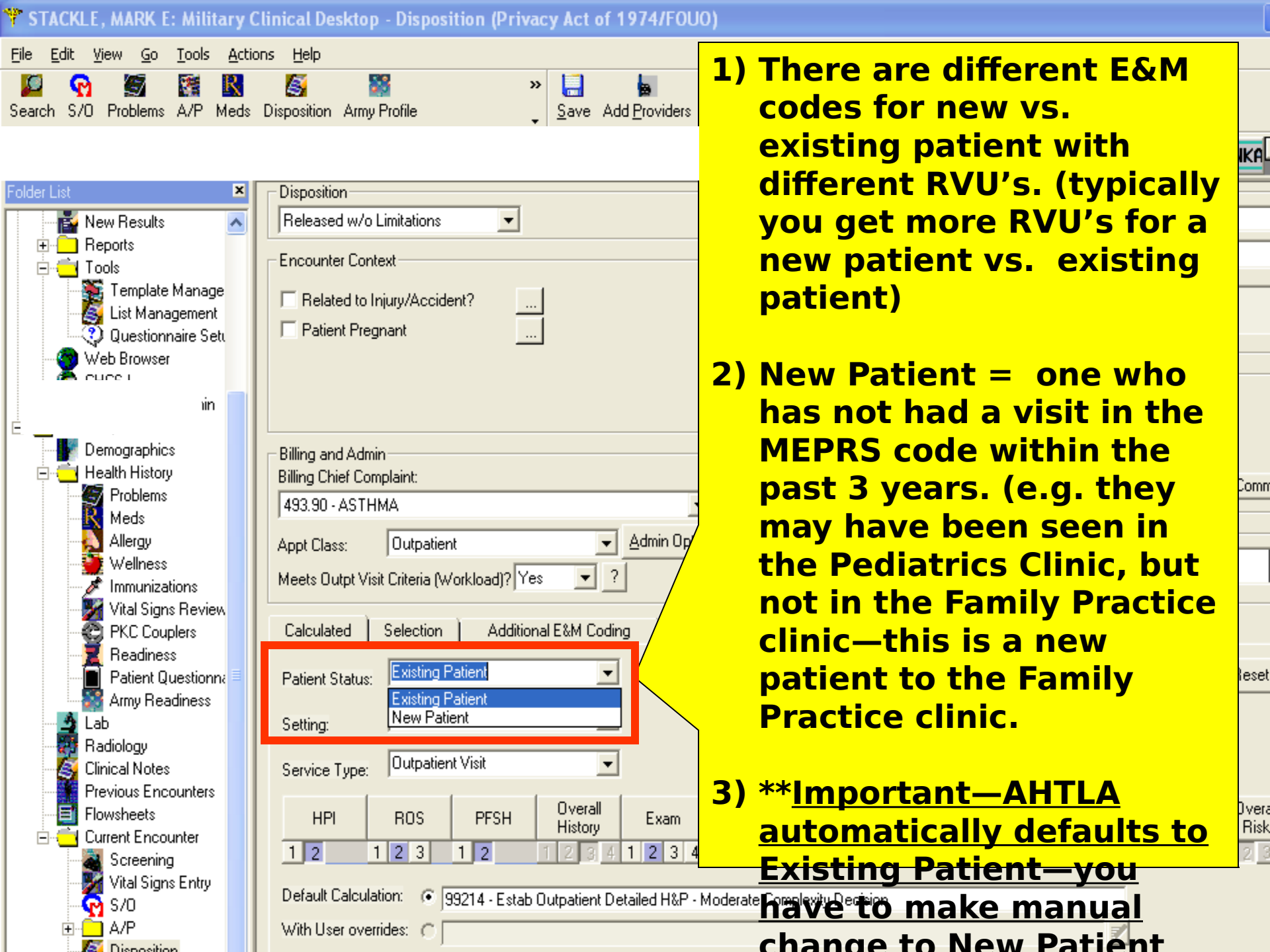
- **All documentation should be driven by medical necessity!**

The Disposition Module

Where AHLTA and Coding Come Together!

The Disposition Page is Crucial To Accurate Coding

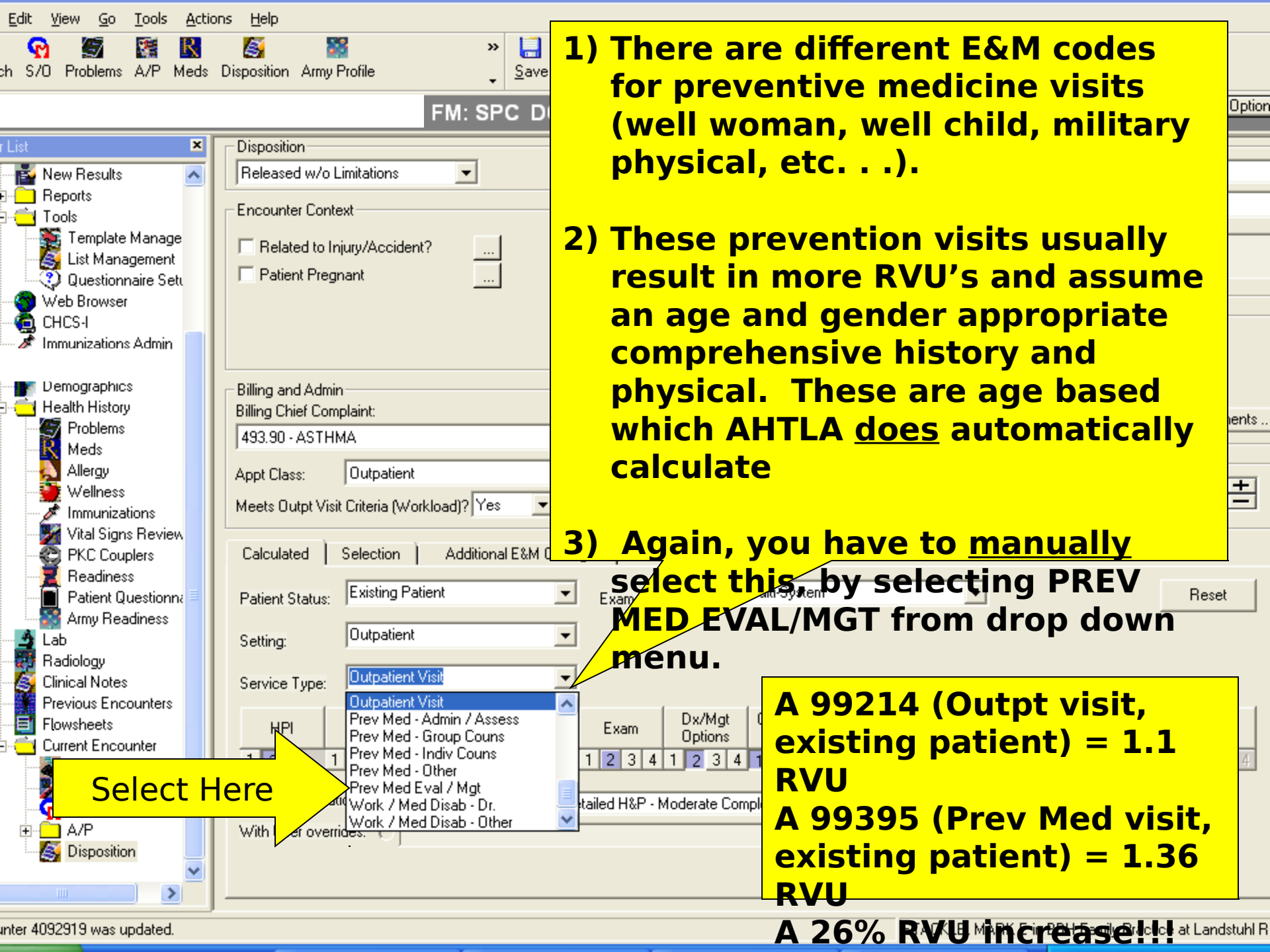




1) **There are different E&M codes for new vs. existing patient with different RVU's. (typically you get more RVU's for a new patient vs. existing patient)**

2) **New Patient = one who has not had a visit in the MEPRS code within the past 3 years. (e.g. they may have been seen in the Pediatrics Clinic, but not in the Family Practice clinic—this is a new patient to the Family Practice clinic.**

3) ****<u>Important—AHTLA automatically defaults to Existing Patient—you have to make manual change to New Patient</u>**


1) There are different E&M codes for preventive medicine visits (well woman, well child, military physical, etc. . .).
2) These prevention visits usually result in more RVU's and assume an age and gender appropriate comprehensive history and physical. These are age based which AHTLA does automatically calculate
3) Again, you have to manually select this, by selecting PREV MED EVAL/MGT from drop down menu.
Select Here
A 99214 (Outpt visit, existing patient) = 1.1 RVU
A 99395 (Prev Med visit, existing patient) = 1.36 RVU
A 26% RVU increase!!!

More about RVU's

Sample RVU Values

- New versus Established
  - more RVUs for new patients, but greater documentation requirements)
- E&M Codes New/EST
  - 99202/99212 (Prob Focused) 0.45/0.45 RVU
  - 99203/99213 (Exp Prob Focused) 0.88/0.67 RVU
  - 99204/99214 (Mod Complexity) 1.34/1.10 RVU
  - 99205/99215 (High Complexity) 2.67/1.77 RVU
  - 99381/91 (Prev Med 0-1 yo) 1.19/1.02 RVU
  - 99382/92 (PM 1-11 yo) 1.36/1.19 RVU
  - 99385/95 (PM 18-39 yo) 1.53/1.36 RVU
  - 99386/96 (PM 40-64) 1.88/1.53 RVU

So What Do RVU's Mean to a provider?

- If considering E&M coding only, a provider coding only 99212 (0.45 RVU/visit) and NO procedures would need to see approximately **36 patients per day** to achieve 16.0 RVU/Providers/Day.

- A provider averaging a 99213 (0.67 RVU/visit) and NO procedures would need to see **24 patients per day.**

- A provider seeing **20 patients** (13 patients @ 99213, 7 patients @ 99214) yields over 16.0 RVU/day **without** including Procedures.

TELCON RVUs

- Telephone Consults count, too
  - This is different from civilian practice
- A 99371 (brief phone call) counts as **0.24 RVU**
- A 99372 (intermediate phone call—i.e. made new diagnosis, made treatment change, discussed results in detail) is **0.60 RVU**
  - Remember a 99213 visit = 0.67 RVU

PROCEDURES

PROCEDURES

- Correct documentation of procedures is ESSENTIAL!
- Procedure RVU's are **added** to the E&M code.
- For example: visit for impaired hearing (E&M 99213 = 0.67) + ear wax removal (RVU = 0.61). TOTAL = 1.28 RVU
- IMPORTANT: Providers can receive credit for procedures done by ancillary staff.

SAMPLE PROCEDURE RVUs

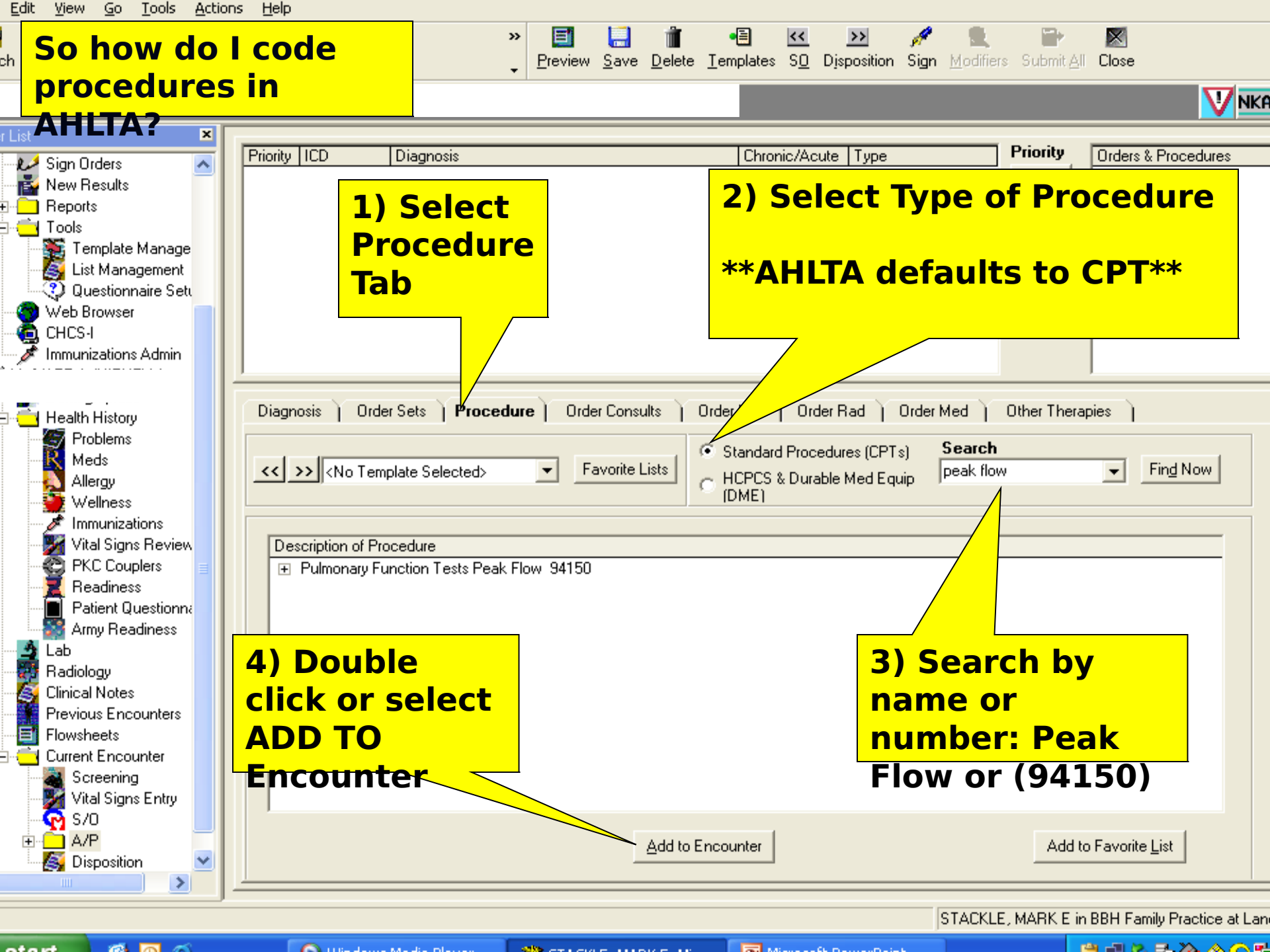
- Circumcision 1.81 RVU
- Ear Wax Removal 0.61 RVU
- Excision of Skin Tags 0.77 RVU
- I&D Abscess 1.17 RVU
- Punch Biopsy 0.81 RVU
- IV Fluid, 1 hour 0.17 RVU

Procedure RVU

- Nebulizer Treatment 0.32 RVU
- EKG Interpretation 0.17 RVU
- Cryotherapy of skin 0.76 RVU
- Screening Pap by Physician 0.37 RVU
- IM/SC Injection 0.17 RVU
- Prostate CA Screening (DRE) 0.17 RVU

What About Procedures?

- A Properly Coded Well Woman Exam can yield big RVU's:
  - E&M Prev Med visit (99395) = 1.36 RVU
  - Procedure: Screening Pap Smear (HCPCS Q0091) = 0.37 RUV,
  - **1.73 RVU** for a 30 minute appt.
  - (You would only need to see **10** well woman patients to exceed the 16.0 RVU/day goal)


So how do I code procedures in AHLTA?
1) Select Procedure Tab
2) Select Type of Procedure
AHLTA defaults to CPT
3) Search by name or number: Peak Flow or (94150)
4) Double click or select ADD TO Encounter
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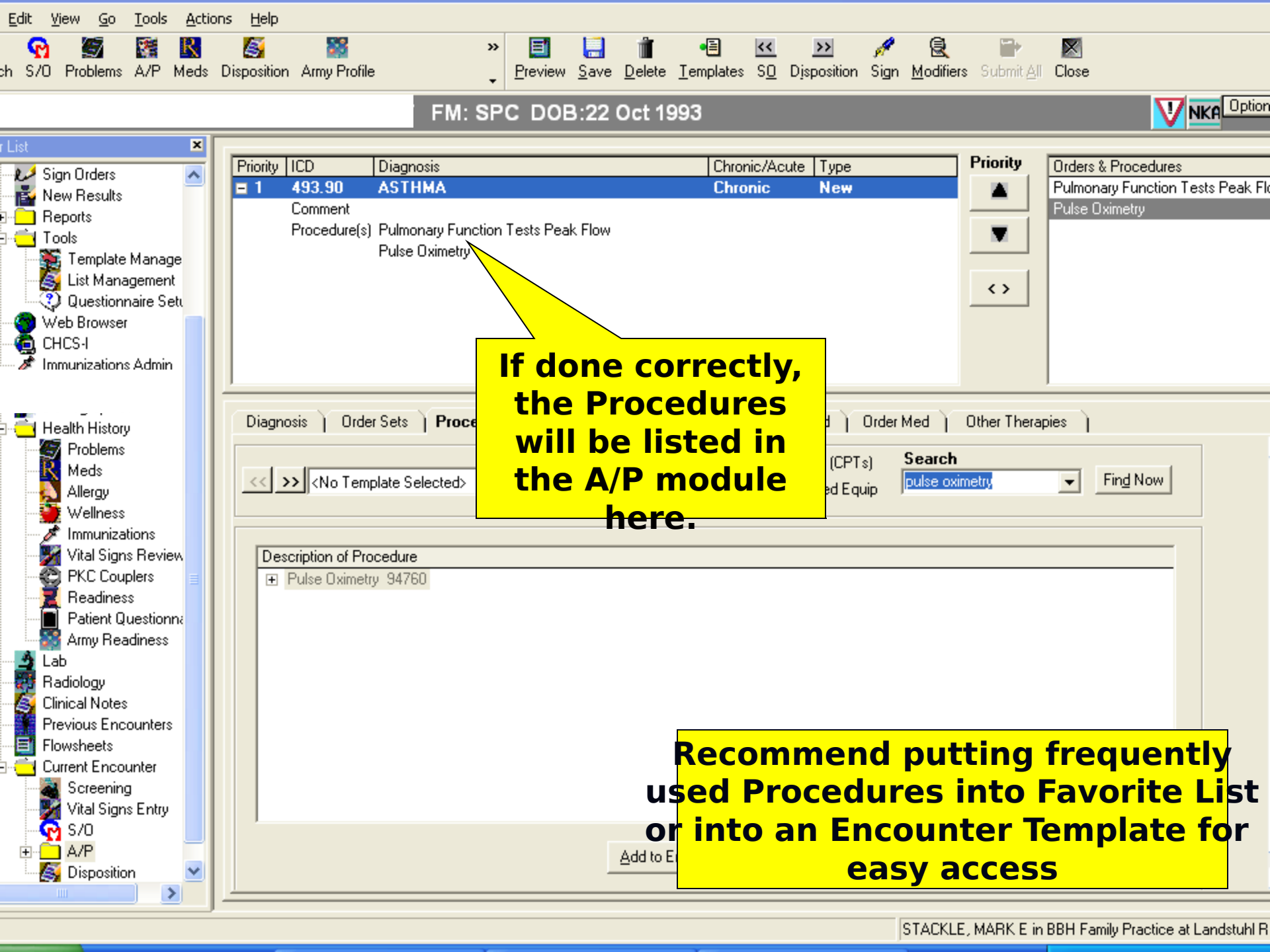
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Add to E
Recommend putting frequently used Procedures into Favorite List or into an Encounter Template for easy access
STACKLE, MARK E in BBH Family Practice at Landstuhl R

Using the AHLTA Coding Tool

Myth: I need to click on more bullets to get a higher E&M code

See Sample Notes on Next Page

SO Note Written by USER, TEST @ 22 Jan 2007 1351 EST

Chief complaint

The Chief Complaint is: HEADACHE

History of present illness

The Patient is a 65 year old male.

- Symptoms controlled.
- Headache.

- No nausea.

Past medical/surgical history

Diagnosis History:

No tension-type headache.

Migraine headache

Previous therapy

History of bed rest

- History of analgesics
- History of nonsteroidal anti-inflammatory

Personal history

Behavioral history: Recent emotional stress. Daily coffee consumption has not recently decreased, daily tea consumption has not recently decreased, daily cola consumption has not recently decreased, and daily chocolate consumption has not recently decreased.

Review of systems

Head symptoms: Headache not worse with light, not with noise, and headache not relieved by sleep. Headache lasting for a few hours. No headache lasting for one to three days. Headaches occurring every few weeks, preceded by aura, and accompanied by nausea. Headache not accompanied by vomiting.

Eye symptoms: No transient worsening vision. No scotoma, no diplopia, no blurred vision, and no wavy lines in vision. No photophobia.

Otolaryngeal symptoms: No hyperacusis.

Cardiovascular symptoms: No cardiovascular symptoms.

Pulmonary symptoms: No pulmonary symptoms.

Gastrointestinal symptoms: No gastrointestinal symptoms. No vomiting.

Genitourinary symptoms: No genitourinary symptoms.

Endocrine symptoms: No endocrine symptoms.

Musculoskeletal symptoms: No musculoskeletal symptoms.

Neurological symptoms: No neurological symptoms. No lightheadedness and no dizziness.

Psychological symptoms: No psychological symptoms.

HPI = 3

PFSH = 10

ROS = 11 systems

Note #1 = 99213 History

SO Note Written by USER, TEST @ 22 Jan 2007 1331 EST

Chief complaint

The Chief Complaint is: HEADACHE

Reason for Visit

Visit for: 6 HOUR H/O MODERATE HEAD PAIN OVER LEFT TEMPORAL REGION. H/O MIGRAINE HEADACHES IN THE PAST THAT HAVE HAD SIMILIAR SYMPTOMS AND RESOLVED WITH MIDRIN

History of present illness

The Patient is a 55 year old male.

- Mild-moderate headache for 6 hours LOCATED OVER L TEMPLE
- Nausea

Past medical/surgical history

Diagnosis History:

Migraine headache

Review of systems

Systemic symptoms: No fever

Gastrointestinal symptoms: No vomiting

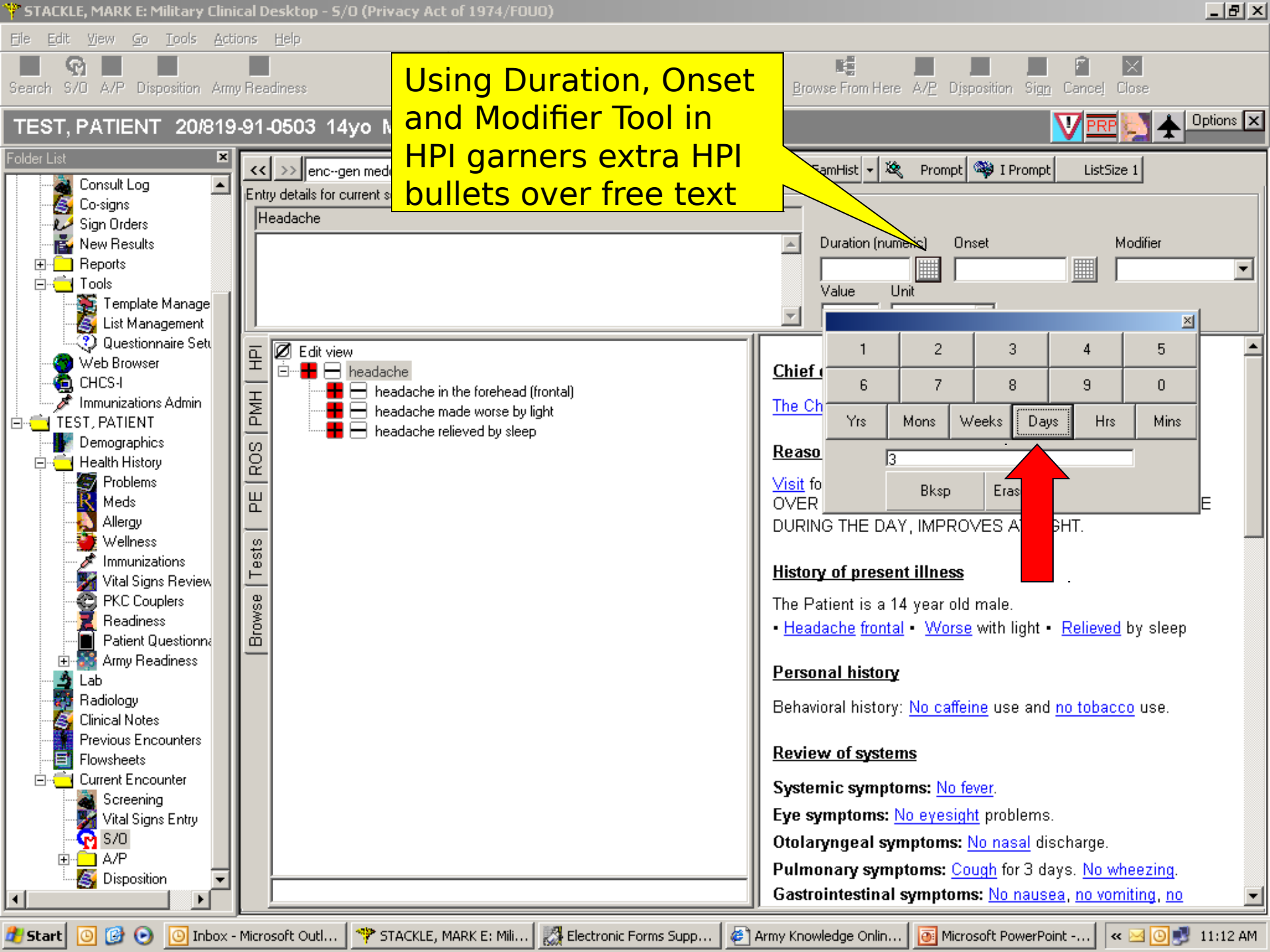
HPI = 4

PFSH = 1

ROS = 2 systems

Note #2 = 99214 History

More is not always better…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headache in the forehead (frontal)
headache made worse by light
headache relieved by sleep
1 2 3 4 5
6 7 8 9 0
Yrs Mons Weeks Days Hrs Mins
3
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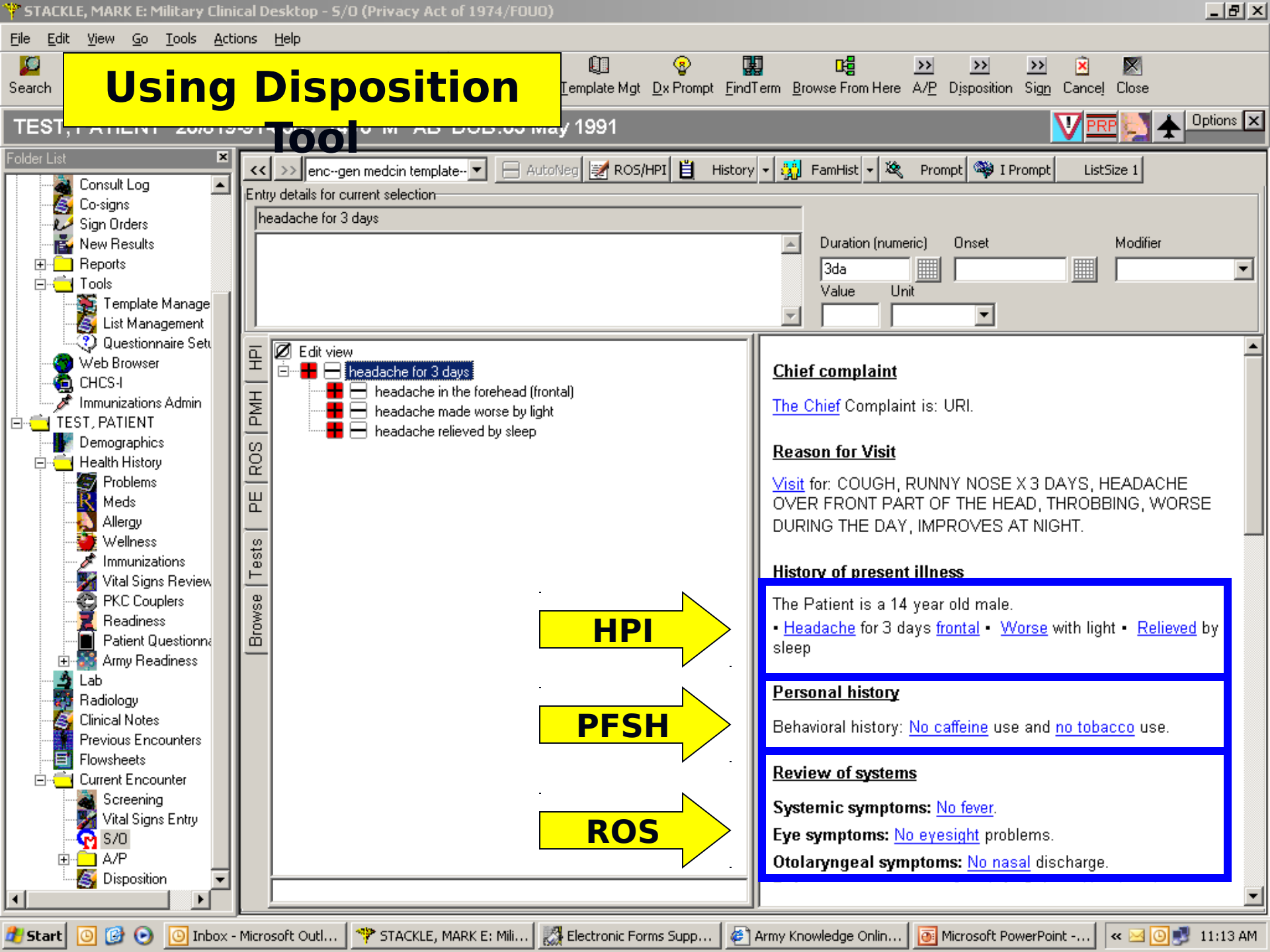
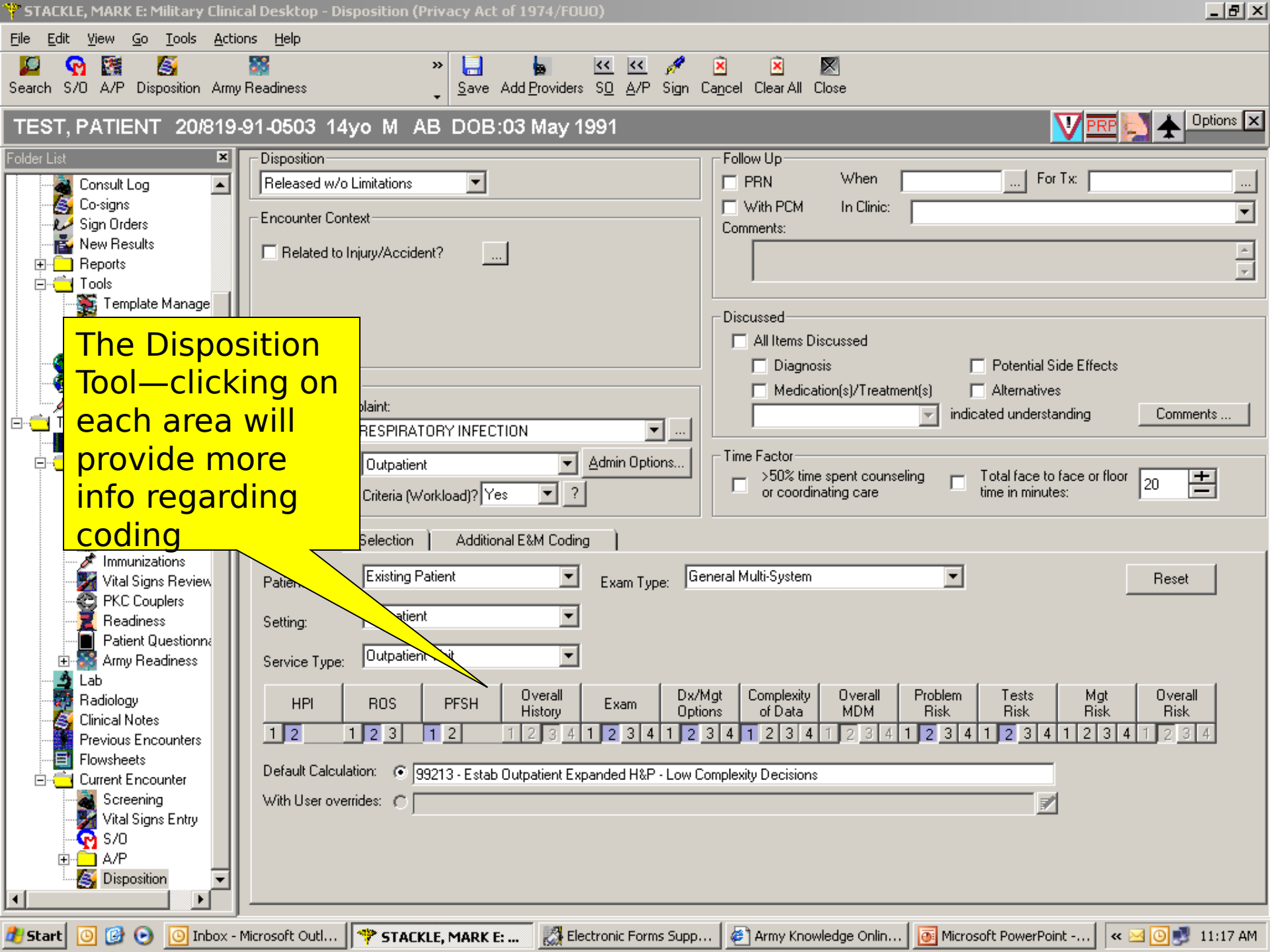
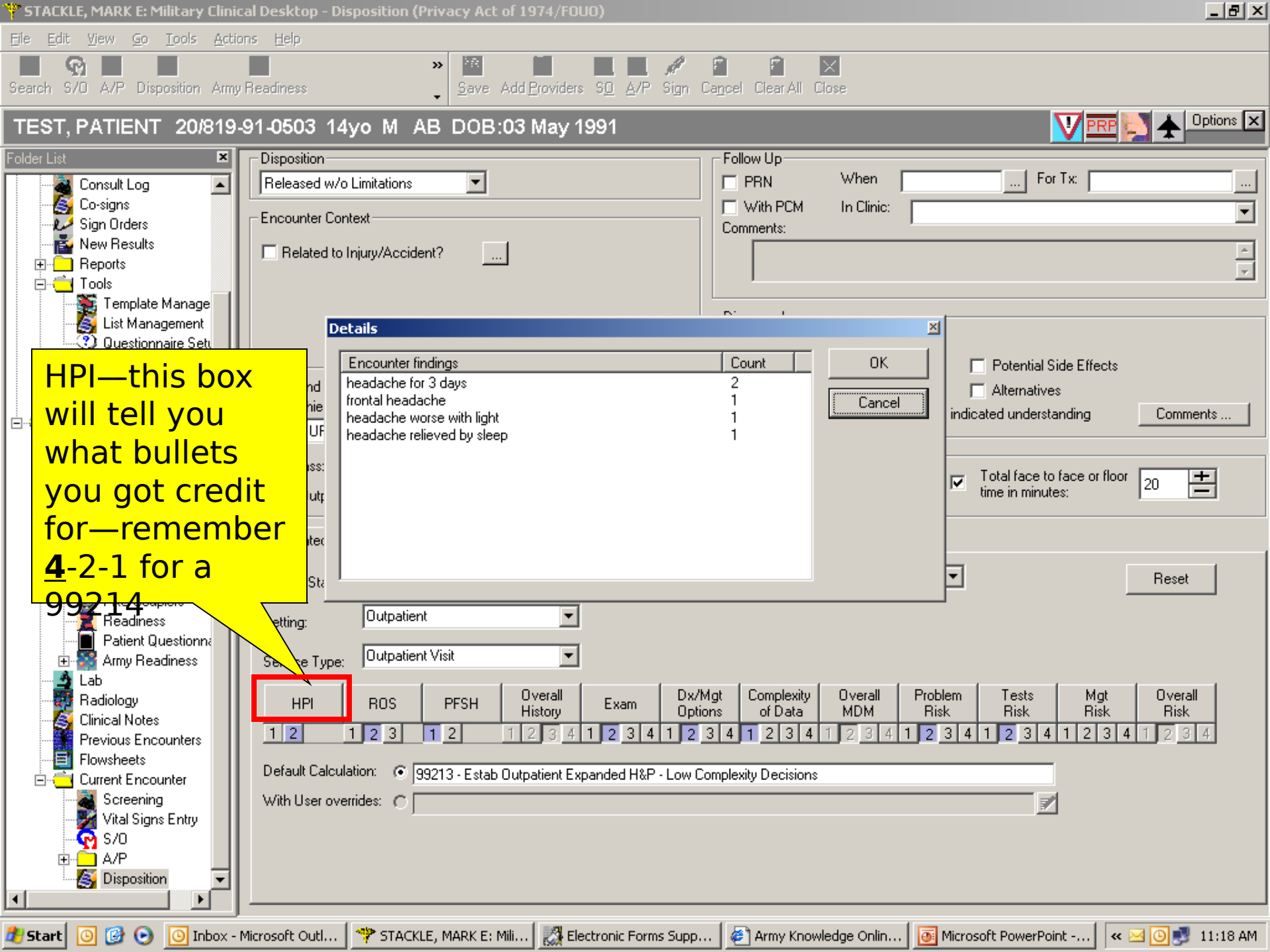
Visit fo
OVER
E
DURING THE DAY, IMPROVES A
GHT.
History of present illness
The Patient is a 14 year old male.
• Headache frontal • Worse with light • Relieved by sleep
Personal history
Behavioral history: No caffeine use and no tobacco use.
Review of systems
Systemic symptoms: No fever.
Eye symptoms: No eyesight problems.
Otolaryngeal symptoms: No nasal discharge.
Pulmonary symptoms: Cough for 3 days. No wheezing.
Gastrointestinal symptoms: No nausea, no vomiting, no
Start
Inbox - Microsoft Outl...
STACKLE, MARK E: Mili...
Electronic Forms Supp...
Army Knowledge Onlin...
Microsoft PowerPoint -...
11:12 AM

Using Disposition Tool




STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Army Readiness
Save Add Providers SO A/P Sign Cancel Clear All Close
TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991
Options
Folder List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Template Manage
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Discussed
All Items Discussed
Diagnosis
Potential Side Effects
Medication(s)/Treatment(s)
Alternatives
indicated understanding
Comments ...
Time Factor
>50% time spent counseling or coordinating care
Total face to face or floor time in minutes:
20
RESPIRATORY INFECTION
Outpatient
Admin Options...
Criteria (Workload)?
Yes
Selection
Additional E&M Coding
Existing Patient
Exam Type:
General Multi-System
Reset
Setting:
Service Type:
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
With User overrides:
The Disposition Tool—clicking on each area will provide more info regarding coding
Start
Inbox - Microsoft Outl...
STACKLE, MARK E: ...
Electronic Forms Supp...
Army Knowledge Onlin...
Microsoft PowerPoint -...
11:17 AM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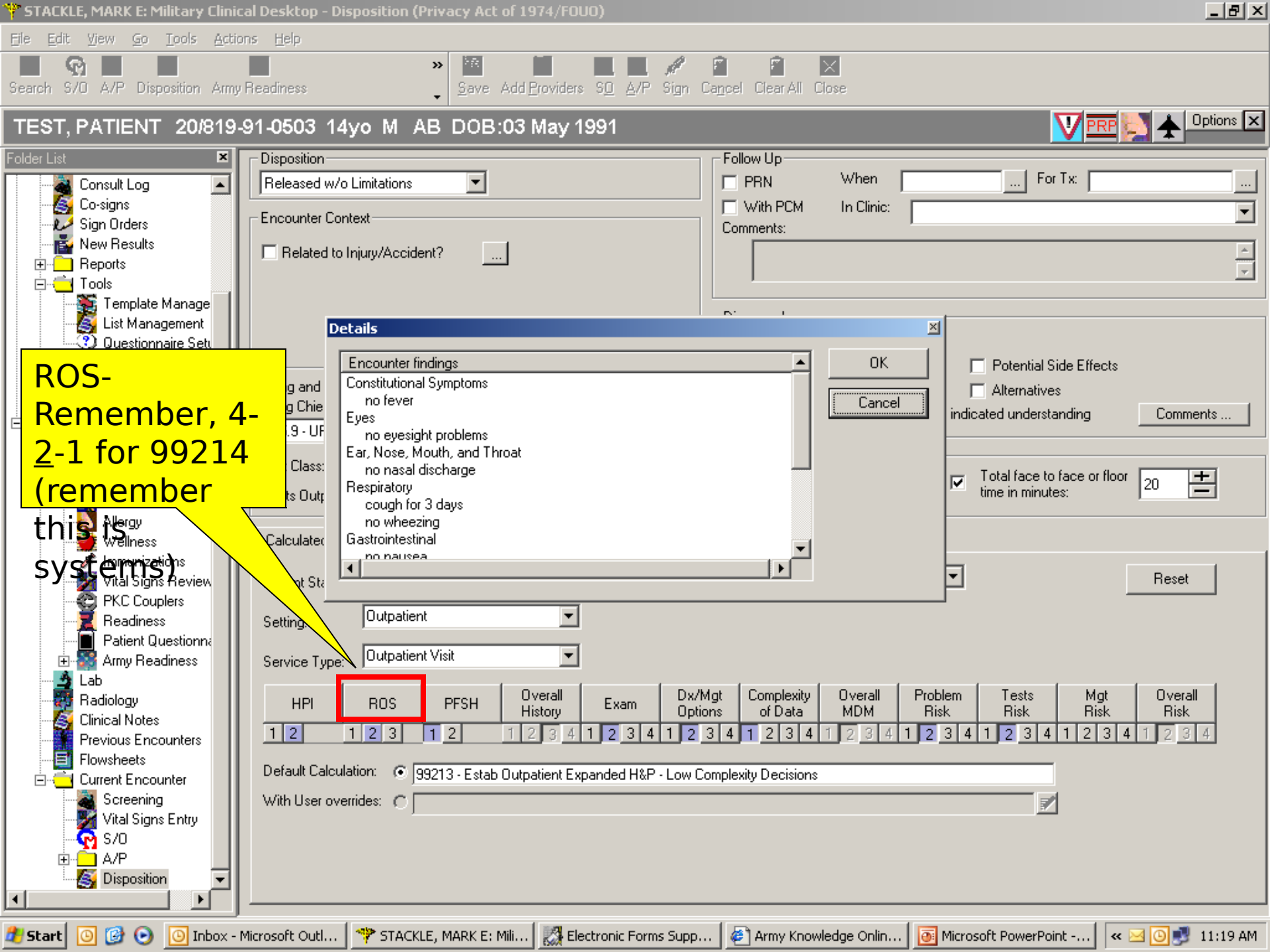
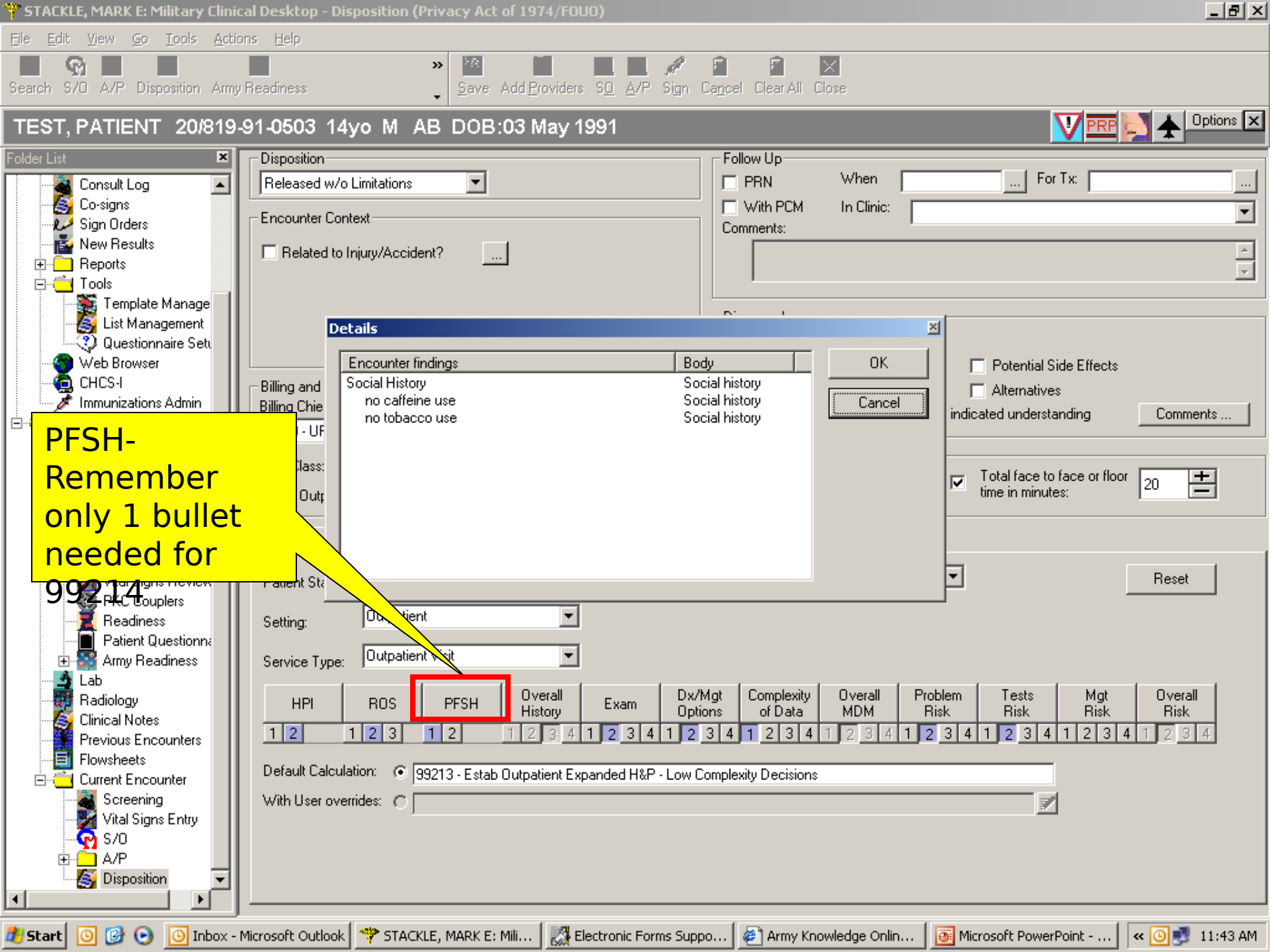
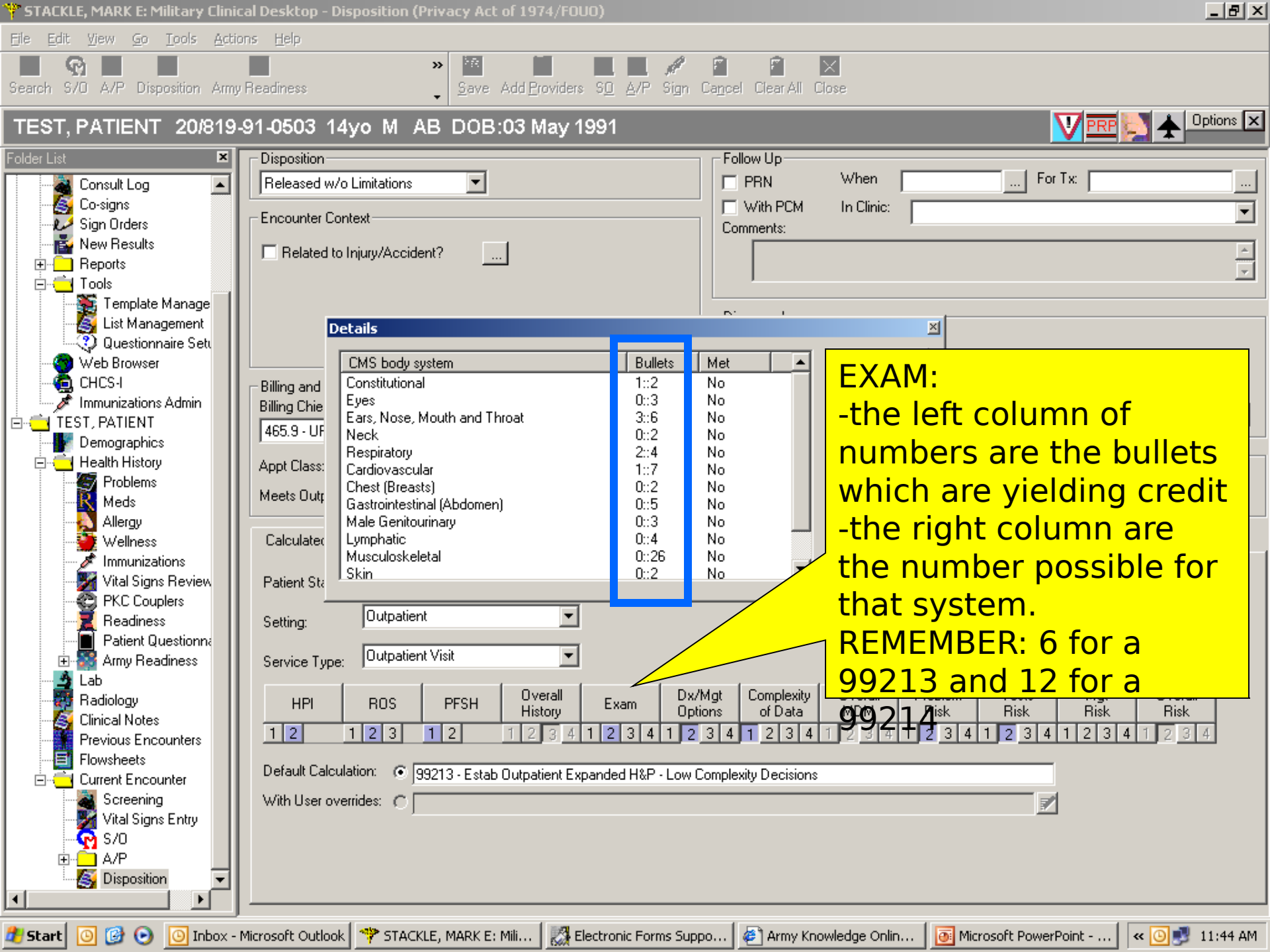
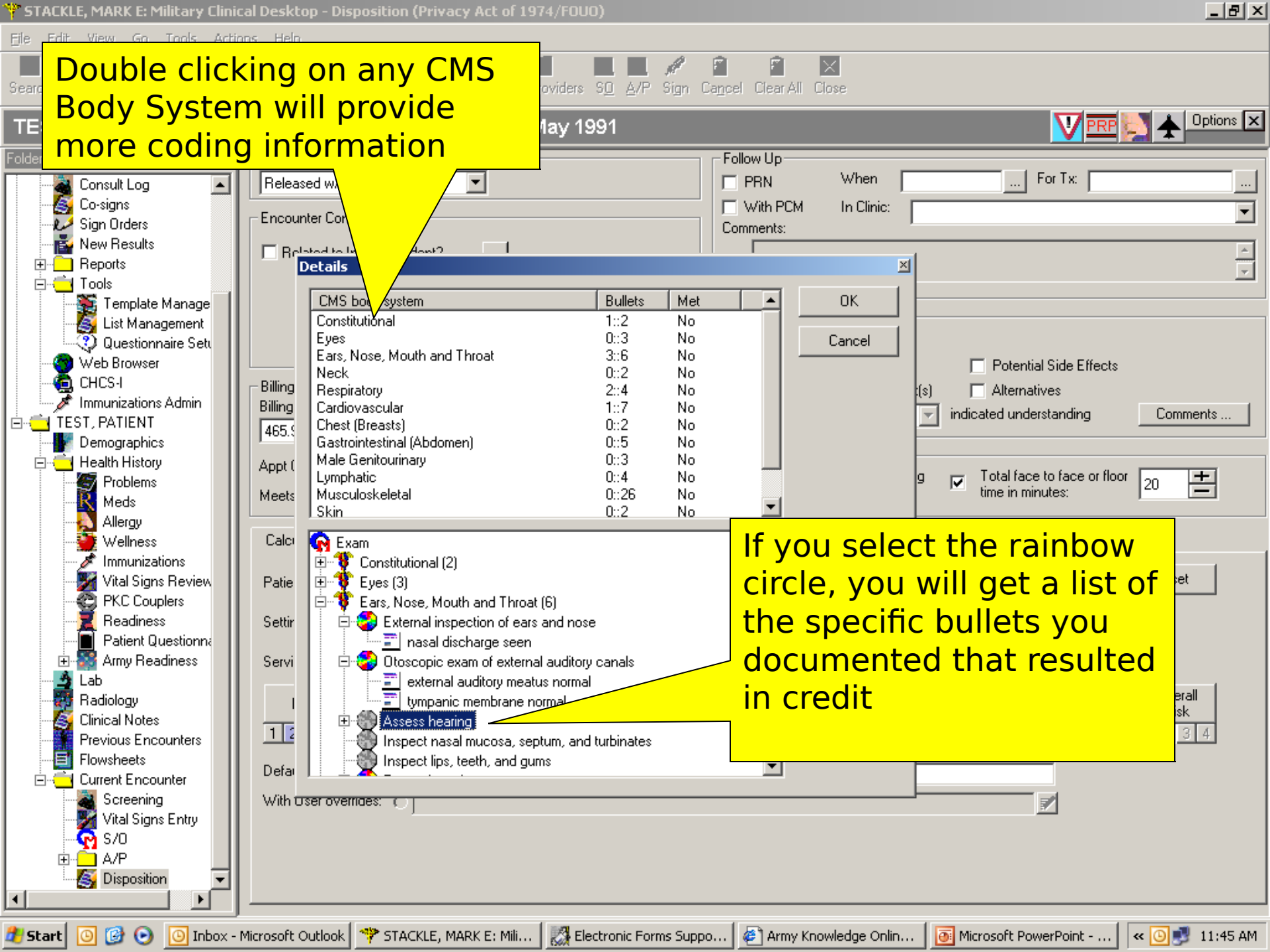
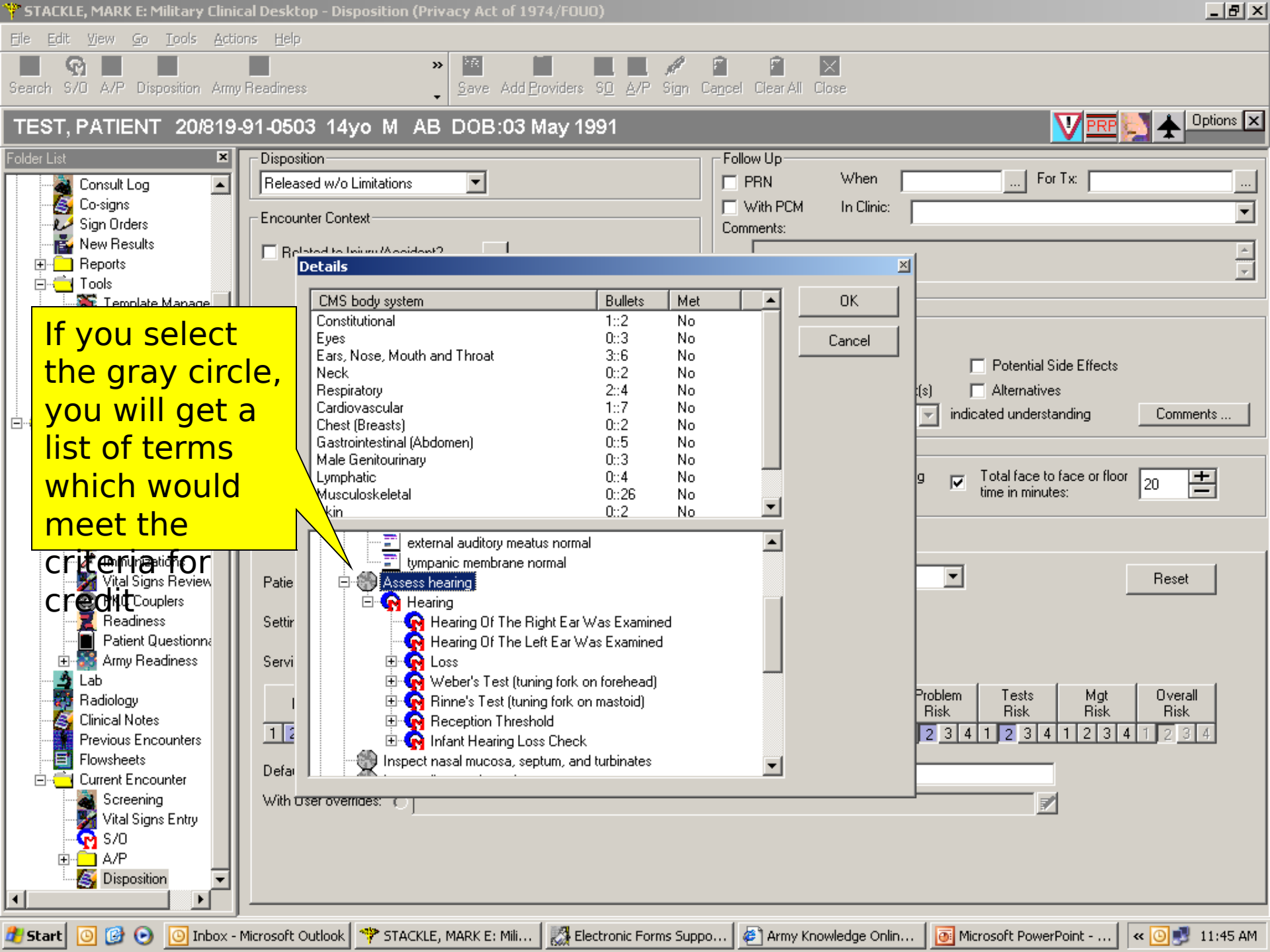
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Army Readiness
Save Add Providers SO A/P Sign Cancel Clear All Close
TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991
Options
Folder List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Template Manage
List Management
Questionnaire Setu
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Details
Encounter findings
Count
headache for 3 days 2
frontal headache 1
headache worse with light 1
headache relieved by sleep 1
OK
Cancel
Potential Side Effects
Alternatives
indicated understanding
Comments ...
Total face to face or floor time in minutes:
20
Reset
Outpatient
Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
With User overrides:
HPI—this box will tell you what bullets you got credit for—remember 4-2-1 for a 99214
Start
Inbox - Microsoft Outl...
STACKLE, MARK E: Mili...
Electronic Forms Supp...
Army Knowledge Onlin...
Microsoft PowerPoint -...
11:18 AM


STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Army Readiness
Save Add Providers SO A/P Sign Cancel Clear All Close
TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991
Options
Folder List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Template Manage
List Management
Questionnaire Setu
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Details
Encounter findings
Constitutional Symptoms
no fever
Eyes
no eyesight problems
Ear, Nose, Mouth, and Throat
no nasal discharge
Respiratory
cough for 3 days
no wheezing
Gastrointestinal
no nausea
OK
Cancel
Potential Side Effects
Alternatives
indicated understanding
Comments ...
Total face to face or floor time in minutes:
20
Reset
Setting:
Outpatient
Service Type:
Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
With User overrides:
ROS- Remember, 4-2-1 for 99214 (remember this is systems)
Start
Inbox - Microsoft Outl...
STACKLE, MARK E: Mili...
Electronic Forms Supp...
Army Knowledge Onlin...
Microsoft PowerPoint -...
11:19 AM


STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Army Readiness
Save Add Providers SO A/P Sign Cancel Clear All Close
TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991
Options
Folder List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Template Manage
List Management
Questionnaire Set
Web Browser
CHCS-I
Immunizations Admin
PFSH- Remember only 1 bullet needed for 99214
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Details
Encounter findings
Body
Social History
Social history
no caffeine use
Social history
no tobacco use
Social history
OK
Cancel
Potential Side Effects
Alternatives
indicated understanding
Comments ...
Total face to face or floor time in minutes:
20
Reset
Setting:
Service Type:
Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
With User overrides:
Start
Inbox - Microsoft Outlook
STACKLE, MARK E: Mili...
Electronic Forms Suppo...
Army Knowledge Onlin...
Microsoft PowerPoint - ...
11:43 AM

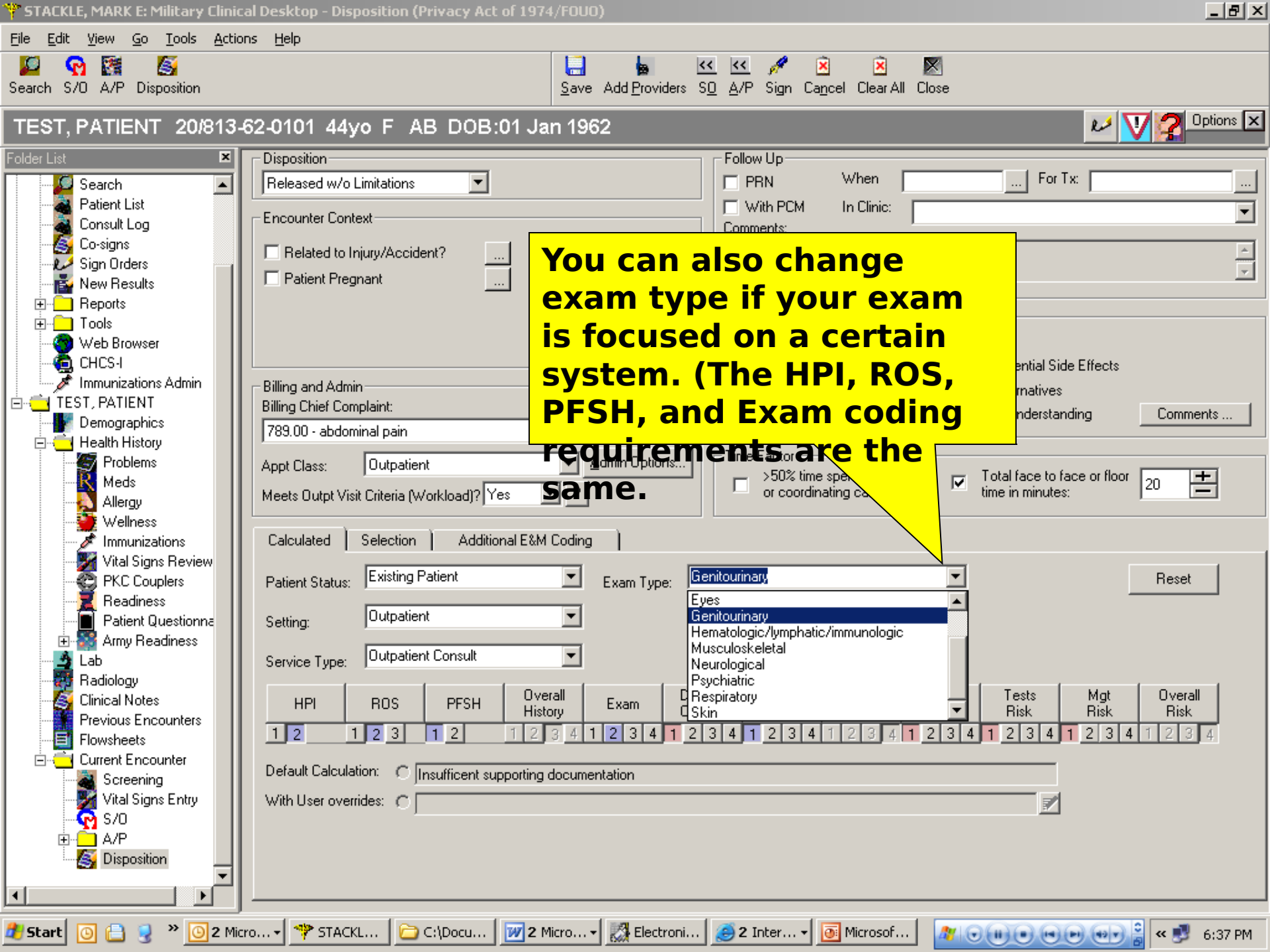

STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Army Readiness
Save Add Providers SO A/P Sign Cancel Clear All Close
TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991
Options
Folder List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Template Manage
List Management
Questionnaire Set
Web Browser
CHCS-I
Immunizations Admin
TEST, PATIENT
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Billing and
Billing Chie
465.9 - UF
Appt Class:
Meets Outp
Calculate
Patient Sta
Setting:
Outpatient
Service Type:
Outpatient Visit
Details
CMS body system
Bullets
Met
Constitutional 1::2 No
Eyes 0::3 No
Ears, Nose, Mouth and Throat 3::6 No
Neck 0::2 No
Respiratory 2::4 No
Cardiovascular 1::7 No
Chest (Breasts) 0::2 No
Gastrointestinal (Abdomen) 0::5 No
Male Genitourinary 0::3 No
Lymphatic 0::4 No
Musculoskeletal 0::26 No
Skin 0::2 No
EXAM:
-the left column of numbers are the bullets which are yielding credit
-the right column are the number possible for that system.
REMEMBER: 6 for a 99213 and 12 for a 99214
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Risk
Risk
Risk
Risk
Default Calculation:
99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
With User overrides:
Start
Inbox - Microsoft Outlook
STACKLE, MARK E: Mili...
Electronic Forms Suppo...
Army Knowledge Onlin...
Microsoft PowerPoint - ...
11:44 AM

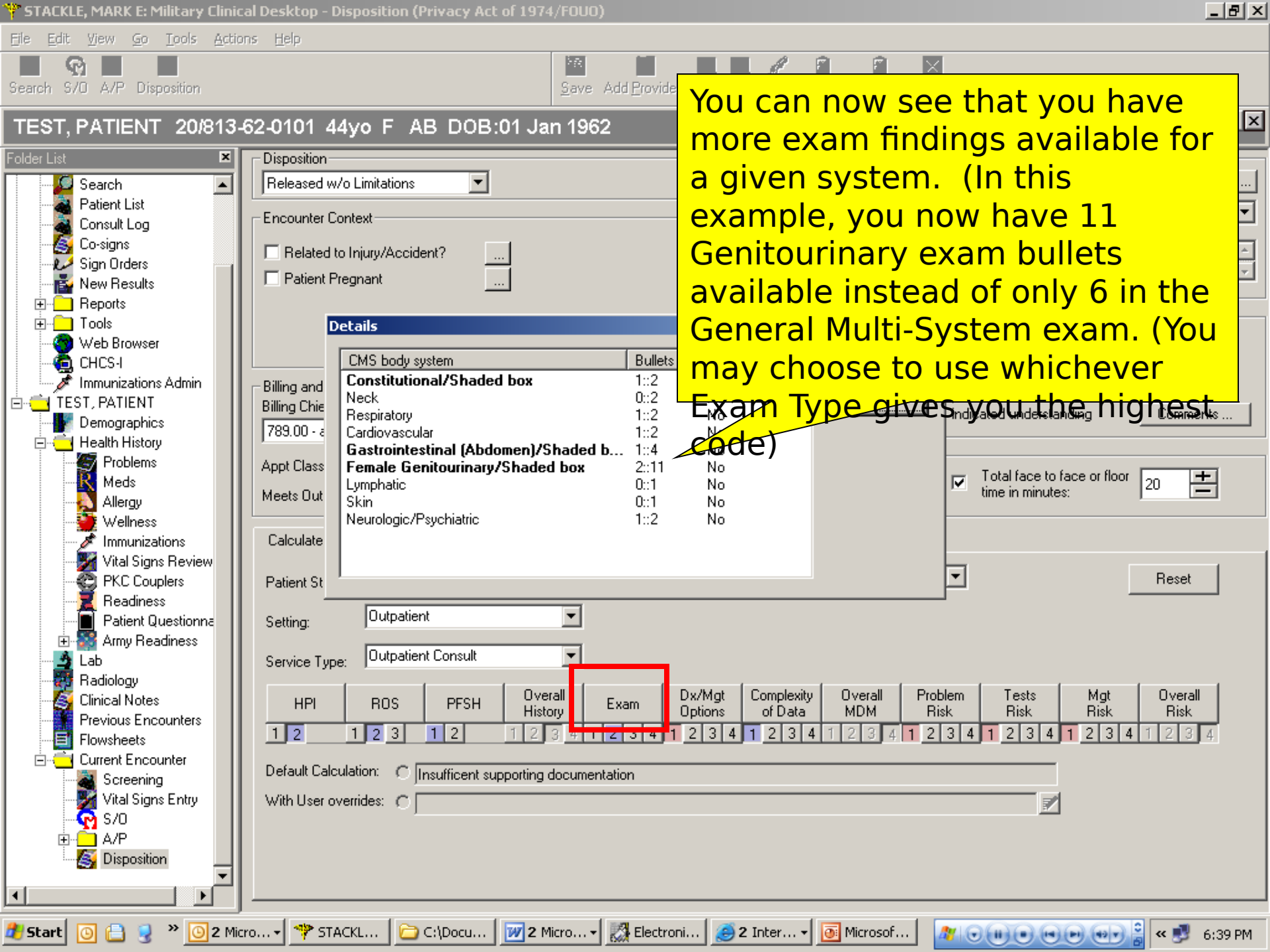

Double clicking on any CMS Body System will provide more coding information
Details
CMS body system
Bullets
Met
Constitutional 1::2 No
Eyes 0::3 No
Ears, Nose, Mouth and Throat 3::6 No
Neck 0::2 No
Respiratory 2::4 No
Cardiovascular 1::7 No
Chest (Breasts) 0::2 No
Gastrointestinal (Abdomen) 0::5 No
Male Genitourinary 0::3 No
Lymphatic 0::4 No
Musculoskeletal 0::26 No
Skin 0::2 No
OK
Cancel
Exam
Constitutional (2)
Eyes (3)
Ears, Nose, Mouth and Throat (6)
External inspection of ears and nose
nasal discharge seen
Otoscopic exam of external auditory canals
external auditory meatus normal
tympanic membrane normal
Assess hearing
Inspect nasal mucosa, septum, and turbinates
Inspect lips, teeth, and gums
If you select the rainbow circle, you will get a list of the specific bullets you documented that resulted in credit


STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Army Readiness
Save Add Providers SO A/P Sign Cancel Clear All Close
TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991
Options
Folder List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Vital Signs Review
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Potential Side Effects
Alternatives
indicated understanding
Comments ...
Total face to face or floor time in minutes:
20
Reset
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
With User overrides:
Details
CMS body system
Bullets
Met
Constitutional 1::2 No
Eyes 0::3 No
Ears, Nose, Mouth and Throat 3::6 No
Neck 0::2 No
Respiratory 2::4 No
Cardiovascular 1::7 No
Chest (Breasts) 0::2 No
Gastrointestinal (Abdomen) 0::5 No
Male Genitourinary 0::3 No
Lymphatic 0::4 No
Musculoskeletal 0::26 No
Skin 0::2 No
OK
Cancel
external auditory meatus normal
tympanic membrane normal
Assess hearing
Hearing
Hearing Of The Right Ear Was Examined
Hearing Of The Left Ear Was Examined
Loss
Weber's Test (tuning fork on forehead)
Rinne's Test (tuning fork on mastoid)
Reception Threshold
Infant Hearing Loss Check
Inspect nasal mucosa, septum, and turbinates
If you select the gray circle, you will get a list of terms which would meet the criteria for credit
Start
Inbox - Microsoft Outlook
STACKLE, MARK E: Mili...
Electronic Forms Suppo...
Army Knowledge Onlin...
Microsoft PowerPoint - ...
11:45 AM

Other Quick AHLTA Coding Nuggets:

- Many users do not know how to maximize credit for musculoskeletal based visits. They frequently get very low E&M codes despite detailed physical exam?
  - Musculoskeletal Exam bullets are only counted if they are localized to a specific side
    - i.e you will get zero physical exam bullets for saying that bilateral knee motion is normal, but you will get 2 bullets for saying that the R knee motion was normal and the L knee motion was normal
- System Specific Exams
  - See next slide


STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition
Save Add Providers SO A/P Sign Cancel Clear All Close
TEST, PATIENT 20/813-62-0101 44yo F AB DOB:01 Jan 1962
Options
Folder List
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
CHCS-I
Immunizations Admin
TEST, PATIENT
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Patient Pregnant
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Billing and Admin
Billing Chief Complaint:
789.00 - abdominal pain
Appt Class:
Outpatient
Admin Options...
Meets Outpt Visit Criteria (Workload)?
Yes
Comments ...
Total face to face or floor time in minutes:
20
Calculated
Selection
Additional E&M Coding
Patient Status:
Existing Patient
Exam Type:
Genitourinary
Reset
Setting:
Outpatient
Service Type:
Outpatient Consult
Eyes
Genitourinary
Hematologic/lymphatic/immunologic
Musculoskeletal
Neurological
Psychiatric
Respiratory
Skin
HPI
ROS
PFSH
Overall History
Exam
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
Insufficent supporting documentation
With User overrides:
You can also change exam type if your exam is focused on a certain system. (The HPI, ROS, PFSH, and Exam coding requirements are the same.
Start
2 Micro...
STACKL...
C:\Docu...
2 Micro...
Electroni...
2 Inter...
Microsof...
6:37 PM



You can now see that you have more exam findings available for a given system. (In this example, you now have 11 Genitourinary exam bullets available instead of only 6 in the General Multi-System exam. (You may choose to use whichever Exam Type gives you the highest code)

What About The Coder?

- A critical piece of the Health Care Team
- Needs to understand how AHLTA codes and seek to educate ALL members of the Health Care Team on ways to improve the coding accuracy and workload capture of the organization

KEY POINTS

- Knowing how to document accurately and completely results in improved RVUs/Provider/Day
- Procedures are a critical element of RVU generation
- Counseling/Education (if >50% of visit)—make sure to provide supporting documentation
- New vs. Existing Patients (remember if a patient hasn't been seen in that clinic in 3 years, they are a new patient)
- Outpatient Visit vs. Preventive Medicine Visits
- More bullets doesn't necessarily mean a higher code

TELCONS

- **99371**
- Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals:
- simple or brief
- report on tests/lab results
- clarify or alter previous instructions integrate new information from other health professionals into the medical treatment plan
- adjust therapy

- **99372**
- Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals
- Intermediate
- provide advice to an established patient on a new problem
- initiate therapy that can be handled by telephone
- discuss test results in detail
- coordinate medical management of a new problem in an established patient
- discuss and evaluate new information and details
- initiate new plan of care